

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

U.S. Attorney General, John Ashcroft
Rm/511, Main Justice Bldg.
10th & Constitution Ave.
Washington, DC 20530

2. Article Number (Copy from service label)

1000 0520 0023 0166 3555

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

DEPARTMENT OF JUSTICE

C. Signature

X

JUL 24 2001

☐ Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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1. Article Addressed to:

Martin Carlson
Acting U.S. Attorney
P.O. Box 11754
Harrisburg, PA 17108

2. Article Number (Copy from service label)

1000 0520 0023 0166 3579

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

JUL 23 2001

C. Signature

X

☐ Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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1. Article Addressed to:

Donald D. Romine, Warden
USP - Lewisburg
PO Box 1000
Lewisburg, PA 17837
(1:CV-01-1119)

2. Article Number (Copy from service label)

1000 0520 0023 0166 3562

PS Form 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

6 P. A. Clear

7-23-01

C. Signature

X

☐ Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ YesFILED
HARRISBURG, PA

AUG 07 2001

MARY E. D'ANDREA, CLE
Per 9/5 Deputy Clerk

1-CV-01-11

Show Ca

7-19-01